

DATE COMPLETED \_\_\_\_\_

**ESTATE PLANNING QUESTIONNAIRE**

*We use this questionnaire to get a general understanding of your situation so that we can better advise you on your estate planning needs. Please be as complete as possible when answering this questionnaire. If any of the requested information does not apply or is not readily available, leave those sections blank. Feel free to attach any additional information you would like to provide us.*

Full Legal Name \_\_\_\_\_  
Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home address \_\_\_\_\_  
Home telephone \_\_\_\_\_ Business telephone \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Business address \_\_\_\_\_  
Are you a U.S. Citizen?  Yes  No If not, country of citizenship \_\_\_\_\_  
 Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

Spouse's Full Legal Name \_\_\_\_\_  
Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home address \_\_\_\_\_  
Home telephone \_\_\_\_\_ Business telephone \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Business address \_\_\_\_\_  
Are you a U.S. Citizen?  Yes  No If not, country of citizenship \_\_\_\_\_  
 Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

**DOCUMENTS CURRENTLY EXECUTED OR FILED**

(Please provide us with a copy)

- Existing wills.  H  W
- Revocable trusts / Living trusts.  H  W
- Health care power of attorney.  H  W
- Living wills and other medical directives.  H  W
- Property power of attorney.  H  W
- Gift tax returns filed by either spouse.  H  W
- Buy / sell or stock redemption agreements.  H  W
- Other trust instruments.  H  W

Name of each trust: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pre- or postnuptial agreements, separation agreements and divorce decrees.  H  W

**CHILDREN OR OTHER DEPENDENTS**

*(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, and "A" if the child has been legally adopted - indicating adopted by whom).*

Name	Parent(s)	Birth date	Relationship (if other dependent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**GRANDCHILDREN**

*(Use full legal name and indicate what child of yours is the parent)*

Name	Parent(s)	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADVISORS**

Name	Telephone
Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Primary personal bank _____	_____
Life Insurance Agent _____	_____
Stock Broker _____	_____

**EXECUTORS AND TRUSTEES**

(Please name Executors for your will, and Trustees for your trust, as well as contingent choices)

	<b>Your Executor</b>	<b>Your Trustee</b>
Primary Choice	_____	_____
Contingent Choice	_____	_____
	<b>Your Spouse's Executor</b>	<b>Your Spouse's Trustee</b>
Primary Choice	_____	_____
Contingent Choice	_____	_____

**CASH ACCOUNTS**

Types of Accounts: Checking Account ("CA"), Savings Account ("SA"), Certificate of Deposit ("CD"), Money Market ("MM") (*indicate type below*).

When indicating ownership, H = Husband, W = Wife, JT = Joint With Spouse, JTT = Joint With Third Party (Named), TC = Tenants In Common, TCT = Tenants In Common With Third Party (Named), CP = Community Property

Name of Institution and Account Number	Type of Account	Form of Ownership and With Whom	Value
_____			
_____			
_____			
_____			
_____			
_____			
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.



**MORTGAGES, NOTES AND OTHER RECEIVABLES**

TYPE: Mortgages or promissory notes *payable to you*; other moneys *owed to you*.

Name of Debtor	Date of Note	Date Note Due	Current Balance
_____			
_____			
_____			
		<i>Total</i>	_____

**BUSINESS AND PROFESSIONAL INTERESTS**

**(Corporate, Partnership, Limited Liability Company or Sole Proprietorship)**

TYPE: Privately owned (non-publicly traded) stock or membership in partnerships, limited liability companies or sole proprietorships. *(Please put √ if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship).*

Company or Entity	Type of Entity	Buy/Sell Agreement	Percentage Ownership	Owner	Value
_____					
_____					
_____					
				<i>Total</i>	_____

**PERSONAL EFFECTS**

TYPE: Major personal effects such as motor vehicles, boats, jewelry, club memberships, collections, antiques, furs, household furnishings, and all other valuable nonbusiness personal property *(indicate type below and give a lump sum value for miscellaneous, less valuable items).*

Type	Owner	Value	
_____			
_____			
_____			
		<i>Total</i>	_____



**LIFE INSURANCE, LONG TERM CARE INSURANCE AND ANNUITIES**

	Policy #1	Policy #2	Policy #3	Policy #4
Company	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Type (term, whole life, endowment or universal life)	_____	_____	_____	_____
Date policy entered into	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____
Contingent beneficiary	_____	_____	_____	_____
Face value	_____	_____	_____	_____
Current cash surrender value	_____	_____	_____	_____
Amount of loan	_____	_____	_____	_____
Annual premium	_____	_____	_____	_____

**OTHER ASSETS**

TYPE: Other property is any property that you have that does not fit into any category, including trusts, investment partnership and limited liability company interests, anticipated inheritances, gifts or lawsuits.

Description	Owner	Value
_____		
_____		
_____		
_____		
_____		

*Total* \_\_\_\_\_

## SUMMARY OF VALUES

<u>ASSETS</u>	<u>AMOUNT*</u>		
	<u>Husband</u>	<u>Wife</u>	<u>Single</u>
Cash Accounts	_____	_____	_____
Investment Accounts	_____	_____	_____
Stocks/Bonds	_____	_____	_____
Mortgages, Notes, and other Receivables	_____	_____	_____
Business and Professional Interests	_____	_____	_____
Personal Effects	_____	_____	_____
Retirement Plans	_____	_____	_____
Real Property	_____	_____	_____
Life Insurance	_____	_____	_____
Other Assets	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____
 <b>LIABILITIES</b>			
Loans/Accounts payable	_____	_____	_____
Contingent liabilities	_____	_____	_____
Unpaid taxes	_____	_____	_____
Other obligations:	_____	_____	_____
<b>Total Liabilities:</b>	_____	_____	_____
<b>NET ESTATE</b>	\$ _____	\$ _____	\$ _____

- *Joint Tenancy (JT), Tenancy in Common (TC) and Community Property (CP) values go ½ in husband's column, ½ in wife's column, assuming there is no third party ownership interest. If the other owner is not your spouse, put your interest in jointly held property in the single column.*



**Additional Information**

1. Do you or your spouse have a will? If so, please attach a copy of each will.
2. Have you ever lived in a community property state? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin). If so, please name.
3. Have either you or your spouse been married previously? Please provide a copy of any divorce decree or prenuptial agreement.
4. Have you made gifts of \$10,000 or more to any person (other than your spouse) in any one year? If you have filed a gift tax return, please provide a copy of the most recent return.
5. If you own joint tenancy property with someone other than your spouse, whose funds were used to purchase the property?  
\_\_\_\_\_
6. Estimated inheritance, if any. You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_
7. Are you or any member of your immediate family a beneficiary or trustee of any trust? \_\_\_\_\_  
\_\_\_\_\_
8. Do you anticipate any business or professional changes in the next 12 months? \_\_\_\_\_  
\_\_\_\_\_
9. Special family needs (support of a parent or child, special education, physical or mental handicap): \_\_\_\_\_  
\_\_\_\_\_
10. Do you own any property for your children, such as under a Uniform Transfer to Minor's Act? \_\_\_\_\_  
\_\_\_\_\_
11. Briefly describe your estate planning goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Potential Lawsuits (As Plaintiff or Defendant) \_\_\_\_\_
13. Health Status of Client, Spouse, Parents (good/fair/poor) \_\_\_\_\_
14. Mental Health Status (capacity issues) \_\_\_\_\_

**CERTIFICATION**

The undersigned hereby represents to the Strohschein Law Group, LLC, and each of its attorneys, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

**Signature of Client or Client Representative:** \_\_\_\_\_

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